

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER DeMenna Kerdoon and its affiliate Steve Kerdoon		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA 497 FORM For Official Use Only
AREA CODE/PHONE NUMBER (562) 231-1550	ID. NUMBER (if applicable) 499231	Report No. 331		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Yes on P - Protect Vital Services (#1306413)	Measure P - South Gate Vital Services - City of South Gate	1,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

09:23

OLSON, HAGEL

9164421280 → SOS

May 28 2008 10:23

NO. 456

P001

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Dreyer, Babich, Buccola & Callahan, LLP		Date of This Filing 05/28/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 379-3500	ID NUMBER (if applicable) 494310	Report No. 332		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Friends of Richard Koloher (#1267530)	Richard Koloher State Assembly Person Assembly District : 19	2,500.00	06/03/2008
05/27/2008	Marty Block for State Assembly (#1294013)	Marty Block State Assembly Person Assembly District : 78	2,500.00	06/03/2008
05/27/2008	Nancy Skinner for Assembly (#1303547)	Nancy Skinner State Assembly Person Assembly District : 14	1,500.00	06/03/2008
05/27/2008	Re-Elect Fiona Ma (#1293560)	Fiona Ma State Assembly Person Assembly District : 12	3,600.00	06/03/2008

Reason for Amendment _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

09:11

OLSON, HAGEL

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May 28 2008 10:11

NO. 453

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MISC

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497 Contribution Report

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NAME OF FILER Committee to elect James Morris for Superior Court Office #10		Date of This Filing 5/24/2008	Date Stamp MAY 28 2008	RECEIVED AND FILED In the office of the Secretary of the State of California DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209.474.8217	I.D. NUMBER (if applicable) 1304615	Report No. _____			
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
5/23/2008	Damrell, Nelson, Schrimp, Pallios, Pacher and Silva APC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER WARE DISPOSAL INC./JUDITH WARE		Date of This Filing 05/22/08	Date Stamp MAY 28 2008	CALIFORNIA FORM 497 For Official Use Only RECEIVED MAY 21 2008 in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 714 664 0159	I.D. NUMBER (if applicable) 496018	Report No. 052208		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. N/A (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/08	LARRY DICK FOR ASSEMBLY ID NO. 1296861	ASSEMBLY DISTRICT 60	\$3,300.00	June 2008 primary

Reason for Amendment: N/A

497 Contribution Report

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NAME OF FILER American Federation of State, County and Municipal Employees Local 1299		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State <i>R</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510/844-1160	ID NUMBER (if applicable) 1307216	Report No. 357		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Friends of Kriss Worthington (#1301557)	Kriss Worthington State Assembly Person Assembly District : 14	1,000.00	06/03/2008
05/28/2008	Tony Thurmond for Assembly (#1296272)	Tony Thurmond State Assembly Person Assembly District : 14	1,000.00	06/03/2008

Reason for Amendment: _____

[Signature]

Late Contribution Report

Type or print in ink. *MISC*
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Mark Lee for Judge		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State MAY 28 2008 1/2 R	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER ()	I.D. NUMBER (if applicable) 1304262	Report No. LCR-80527		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
No. of Pages 21				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COSMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/27/2008 1	Mark Lee	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
	ID: Ref: <input type="checkbox"/>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER JAMES MORRIS FOR SUPERIOR COURT JUDGE OFFICE #10		Date of This Filing 5/28/08	Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209-955-8108	ID NUMBER (if applicable) 1304615	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/27/08	ROGER SCHRIMP	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, DAMRELL, NELSON, SCHRIMP, ET AL	1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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FPPC Form 497 (November/07)
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May 28 2008 14:48
MOSS ADAMS LLP

PAGE 02/02

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Edwards Lifesciences		Date of This Filing 05/28/2008	RECEIVED AND FILED Office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 250-6881	I.D. NUMBER (if applicable) 1263935	Report No. LCM-80528		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 2	1/2
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

May 28 2008 15:54
(WED) MAY 28 2008 15:43/ST. 15:43/No. 7500000268 P 2

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Edwards Lifesciences		Date of This Filing _____	RECEIVED AND FILED In the office of the Secretary of State of California MAY 28 2008 DEBRA BOWEN Secretary of State 2 / 2	497 FORM For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008 	Aghazarian for Senate ID: 1297115	Greg Aghazarian State Senator State Senator Local Ballot: Dist: 5	1000.00	06/03/2008
05/28/2008 	Friends of Mimi Walters ID: 1292693 Ref: <input type="checkbox"/>	Mimi Walters State Senator State Senator Ballot: Dist: 33	1000.00	06/03/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Independent Expenditure Report

MISC
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LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Leaders for a Better California		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only R
AREA CODE/PHONE NUMBER (530) 934-5823	I.D. NUMBER (if applicable) 1305909	Report No. 20080528-6		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 20080528-6 (explain below)		
CITY	STATE	ZIP CODE		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Curt Hagman OFFICE SOUGHT OR HELD/DISTRICT NO. Sought: State Assembly Person 60 Assembly District				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
		SUPPORT X	OPPOSE	BALLOT NO./LETTER		JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/28/2008 	Newspaper Advertisements	3350.00

Reason for Amendment: _____

Late Contribution Report

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Misc

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NAME OF FILER Daly for Judge		Date of This Filing 28 May 08	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California MAY 28 2008 DEBRA BOWEN Secretary of State <i>R</i>	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510/468-1139	I.D. NUMBER (if applicable) 1305065	Report No. ST 1		
STREET ADDRESS CITY STATE ZIP CODE 94577		<input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
28 May 08	Phil Daly	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy D.A. Alameda County	5200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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OTH - Other (e.g., business entity)

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
Blanco for Judge

AREA CODE/PHONE NUMBER

2134526565

STREET ADDRESS

CITY

I.D. NUMBER (if applicable)

1301604

STATE

ZIP CODE

Date of
This Filing 05/28/2008

Report No. 000

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 2

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of the State of California

MAY 28 2008

DEBRA BOWEN
Secretary of State

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/27/2008 	James Kamanski ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney James B. Kamanski	1000.00
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID: _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

Date Stamp

FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

May 28 2008 16:57
KAUFMAN DOWNING LLP
05/28/2008 16:54 FAX 12134526575

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Late Contribution Report

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MISC

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NAME OF FILER
Bianco for Judge

AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)
1301604

STREET ADDRESS

CITY STATE ZIP CODE

Date of This Filing _____

Report No. _____

☐ Amendment to Report No. _____
(explain below)

No. of Pages _____

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MAY 28 2008
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Secretary of State
2 / 2

LATE CONTRIBUTION REPORT

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
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	ID:	Ballot: Dist:		
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Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kabateck, Brown & Kellner LLP; Brian S. Kabateck		Date of This Filing 05/28/2008	Date Stamp MAY 28 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 217-5000	I.D. NUMBER (if applicable) 1258885	Report No. 383			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY	STATE	ZIP CODE	No. of Pages 4		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Bob Blumenfeld for Assembly (#1294888)	Robert Blumenfeld State Assembly Person Assembly District : 40	1,000.00	06/03/2008
05/27/2008	Carol Liu for Senate (#1272881)	Carol Liu State Senator Senate District : 21	1,000.00	06/03/2008
05/27/2008	DeSaulnier for Senate 2008 (#1298900)	Mark DeSaulnier State Senator Senate District : 7	1,000.00	06/03/2008
05/27/2008	Dymally for State Senate (#1277294)	Mervyn Dymally State Senator Senate District : 25	1,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

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OLSON, HAGEL

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May 28 2008 17:15

NO. 482

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Kabateck, Brown & Kellner LLP; Brian S. Kabateck		Date of This Filing 05/28/2008	RECEIVED AND FILED In the office of the Secretary of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 217-5000	I.D. NUMBER (if applicable) 1258805	Report No. 383		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Fran Florez for Assembly (#1292679)	Fran Florez State Assembly Person Assembly District : 30	1,000.00	06/03/2008
05/27/2008	Friends of Hannah-Beth Jackson (#1273013)	Hannah-Beth Jackson State Senator Senate District : 19	1,000.00	06/03/2008
05/27/2008	Friends of Lloyd Levine (#1278106)	Lloyd Levine State Senator Senate District : 23	1,000.00	06/03/2008
05/27/2008	Friends of Richard Holoher (#1267530)	Richard Holoher State Assembly Person Assembly District : 19	1,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

16:15

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May 28 2008 17:15

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P002

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497 CONTRIBUTION REPORT

NAME OF FILER Kabateck, Brown & Kellner LLP; Brian S. Kabateck		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 217-5000	I.D. NUMBER (if applicable) 1258885	Report No. 383		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 9	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Friends of Yamada 2008 (#1295700)	Mariko Yamada State Assembly Person Assembly District : 8	1,000.00	06/03/2008
05/27/2008	Hall for Assembly (#1296563)	Isadore Hall State Assembly Person Assembly District : 52	1,000.00	06/03/2008
05/27/2008	John A. Perez for Assembly (#1304231)	John A. Perez State Assembly Person Assembly District : 46	1,000.00	06/03/2008
05/27/2008	Manuel Perez for Assembly (#1297969)	Manuel Perez State Assembly Person Assembly District : 80	1,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

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OLSON, HAGEL

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May 28 2008 17:15

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AREA CODE/PHONE NUMBER (213) 217-5000	I.D. NUMBER (if applicable) 1258885	Report No. 383		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Marty Block for State Assembly (#1294013)	Marty Block State Assembly Person Assembly District : 78	1,000.00	05/03/2008
05/27/2008	Nancy Skinner for Assembly (#1303547)	Nancy Skinner State Assembly Person Assembly District : 12	1,000.00	06/03/2008
05/27/2008	Torres for Assembly (#1303233)	Norma Torres State Assembly Person Assembly District : 61	1,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/28/2008

16:15

OLSON, HAGEL

9164421280 → SOS

May 28 2008 17:15

NO. 482

0004

497 Contribution Report

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NAME OF FILER Stone & Youngberg LLC		Date of This Filing 05/28/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (415) 445-2300	ID NUMBER (if applicable) 478262	Report No. 380		For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		K
CITY	STATE	ZIP CODE		
No. of Pages 1				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Committee for Successful Schools - Yes on Measure V (#1306056)	Measure V - Arroyo-San Juan Unified School District	10,000.00	06/03/2008

Reason for Amendment: _____

[Signature]

05/28/2008 16:32 OLSON, HAGEL 9164421280 → SOS May 28 2008 17:32 NO.485 0001

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER PLATINUM PERFORMANCE Inc.		Date of This Filing 5-28-08	Date Stamp MAY 28 2008	RECEIVED AND in the office of the Secretary of of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-688-1731	I.D. NUMBER (if applicable)	Report No. P-1			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1		
CITY	STATE	ZIP CODE			

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5-28-08	STEVE PAPPAS FOR 3 RD DISTRICT SUPERVISOR EIN: 26-111178	STEVE PAPPAS FOR 3 RD DISTRICT SUPERVISOR	\$10,000.00	6/3/08

Reason for Amendment: _____

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LATE CONTRIBUTION REPORT

NAME OF FILER DOUGLAS J HERTHEL DVM ALAMO PINTADO EQUINE CLINIC		Date of This Filing 5-28-08	RECEIVED AND FILED in the office of the Secretary of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-688-6510	I.D. NUMBER (if applicable) 1287254	Report No. A-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5-28-08	STEVE PAPPAS FOR 3 RD DISTRICT Supervisor EIN: 26-111178	STEVE PAPPAS FOR 3 RD DISTRICT SUPERVISOR	8 10,000. ⁰⁰	6/3/08

Reason for Amendment: _____

May 28 2008 18:15
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May-28-08 06:14pm From-NMPAN MARIN 1

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER
EMPLOYERS INSURANCE GROUP

AREA CODE/PHONE NUMBER
415-353-6800

STREET ADDRESS

CITY

STATE

ZIP CODE

ID NUMBER (if applicable)
1278631

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LCR08-173

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Secretary of State

2. Contribution(s) Made

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05/28/2008	DOMINIC CASERTA FOR ASSEMBLY (H12975881)	DOMINIC CASERTA State Assembly Person Assembly District 22	1,500.00	

☒ Secretary of State Political Reform Division
FAX: (916) 651-5045

☒ San Francisco County Registrar of Voters
FAX: (415) 554-7344

☒ LA County Registrar/Recorder Campaign Reporting
FAX: (562) 651-2548

☐ FAX: ()

Reason for Amendment:

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PAGE 01/02

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Late Contribution Report

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NAME OF FILER

Committee To Re-Elect Judge Ralph W Dau

AREA CODE/PHONE NUMBER

(818) 260-0669

STREET ADDRESS

I.D. NUMBER (if applicable)

1304586

CITY

STATE

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Date of
This Filing

05/21/2008

Report No.

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No. of Pages

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/21/2008 	Kevin Martin CA 91011 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Vice President Merrill Lynch	1474.00
05/21/2008 	Kevin Martin CA 91011 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Vice President Merrill Lynch	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: Revised Amount

Late Contribution Report

2/2
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LATE CONTRIBUTION REPORT

NAME OF FILER Committee To Re-Elect Judge Ralph W Dau		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 28 2008 DEBRA BOWEN Secretary of State 2 / 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1304586	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

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MISC

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497 Contribution Report

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NAME OF FILER Sandoval for Judge		Date of This Filing 5/28/2008	Date Stamp MAY 28 2008	497 CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (650) 401-8760	ID NUMBER (if applicable) 1275802	Report No. 3	RECEIVED AND FILED in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		For Official Use Only
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DEBRA BOWEN
Secretary of State

R

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/27/2008	BOSTON PROPERTIES, LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment _____

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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